

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22438

State File No. _____

FILED JUN 29 1956

1373

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>5300 Page Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> b. (Middle) <u>CHRISTOPHER</u> c. (Last) <u>RUTHERFORD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1956</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 9, 1946</u>	9. AGE (In years last birthday) <u>9</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Rutherford</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
-----------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jane Burke</u> ADDRESS <u>2331 Mullanphy St.</u>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>LIFE</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>10DIOSY</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BIRTH ANOMALY</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>3250</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from Dec. 28, 1949, to 6-4, 1956, that I last saw the deceased alive on 6-3, 1956, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B.R. Loring M.D.</u> (Degree or title)	23b. ADDRESS <u>BALLWIN Mo.</u>	23c. DATE SIGNED <u>6-4-56</u>
--	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-5-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donohue MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Pullen Kelly</u> ADDRESS <u>7267 Natural Bridge</u>
--	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed *James A. Lesme*
.....
Licensed Embalmer No. *414*

P. O. Address *St. Louis*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.